

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant(s): Devine et al

Confirmation No.: 1465

Serial No.: 10/621,800

Art Unit: 2131

Filed: July 18, 2003

Examiner: Christopher A. Revak

Title: Secure Customer Interface for Web Based Data Management

JUN 28 2005

ISSUE FEE PAYMENT

Mail Stop ISSUE FEE
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMISSION CERTIFICATE UNDER 37 C.F.R. §1.8(a)

I hereby certify that the correspondence cited hereon is being sent via facsimile
to the USPTO Centralized Facsimile Number (703) 872-9300 on

06/28/2005

571-273-8300

Marlyn A. Holt
Eden U.I. Stright
Marlyn Holt for

Dear Sir:

In response to the Notice of Allowance mailed March 28, 2005, enclosed are the following:

1. Issue Fee Transmittal;
2. Request for Corrected Notice of Allowance;
3. Copy of date-stamped Express Mailing receipt;
4. Request for Consideration of Previously Submitted Documents; and
5. Certificate of Transmission.

Please charge any shortage in the fees due in connection with the filing of this paper, including extension of time fees or publication fees, to Deposit Account No. 13-2491 and please credit any excess fees to such deposit account.

Respectfully submitted,

Date:

6/17/05

*Eden U.I. Stright*Eden U.I. Stright
Registration No. 51,205

MCI, Inc.
1133 19th Street, NW
Washington, DC 20036
Phone: 202 736-6008
Fax: 202-736-6382

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REQUEST FOR CORRECTED NOTICE OF ALLOWANCE

Mail Stop Issue Fee
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

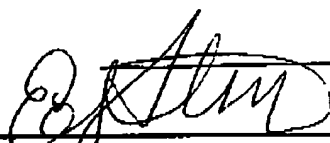
Dear Sir:

Applicants hereby request that a corrected Notice of Allowance be issued and sent to the undersigned representative reflecting the correct application filing date. Specifically, the following correction to the Notice is requested.

Under Filing Date, replace "07/18/2003" with -07/16/2003--.

Applicants previously submitted a Request for Corrected Official Filing Receipt on July 22, 2004, submitting proof of filing on July 16, 2003, in the form of the date-stamped Express Mailing receipt. However, to date, the application filing date has not yet been corrected. A copy of the date-stamped Express Mailing Receipt is attached herewith.

Respectfully submitted,



Eden U.I. Stright
Reg. No. 51,205

MCI, Inc.
1133 19th Street, N.W.
Washington, D.C. 20036
Tel: (202) 736-6008
Fax: (202) 736-6382

BEST AVAILABLE COPY



ER 028737158 US

Mailing Label
Label 11-B September 2002

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

| ORIGIN (POSTAL USE ONLY) | | |
|--|--|--|
| PO ZIP Code | Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope <input type="checkbox"/> |
| Date In Mo. Day Year | <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM | Postage \$ |
| Time In <input type="checkbox"/> AM <input type="checkbox"/> PM | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Return Receipt Fee \$ |
| Weight lb. oz. | Int'l Alpha Country Code | ODD Fee Insurance Fee \$ |

| DELIVERY (POSTAL USE ONLY) | | |
|----------------------------|---|--------------------|
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |
| Delivery Date | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |

| CUSTOMER USE ONLY | |
|--------------------|--|
| PAYMENT BY ACCOUNT | |



ER 028737158 US

Customer Copy
Label 11-B September 2002

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

| ORIGIN (POSTAL USE ONLY) | | |
|--|---|--|
| PO ZIP Code | Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope <input type="checkbox"/> |
| Date In Mo. Day Year | <input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM | Postage \$ 1.75 |
| Time In <input type="checkbox"/> AM <input type="checkbox"/> PM | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Return Receipt Fee \$ |
| Weight lb. oz. | Int'l Alpha Country Code | ODD Fee Insurance Fee \$ 1.75 |
| No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Date/Initials | Total Postage \$ |

| DELIVERY (POSTAL USE ONLY) | | |
|----------------------------|---|--------------------|
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |
| Delivery Date | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |

| CUSTOMER USE ONLY | |
|---|--|
| PAYMENT BY ACCOUNT | |
| Agency Acct. No. | |
| Facility Agency Acct. No. or Postal Service Acct. No. | |

FROM (PLEASE PRINT) PHONE 202.736.6311
WorldCom, Inc.
 PATENT DEPT., Floor 10
 1133 19th STREET NW
 WASHINGTON, DC 20036
 Ref. # CDS97092C1

FOR PICKUP OR TRACKING CALL 1 800 328 1811

www.usps.com

PRESORTED

TO (PLEASE PRINT) PHONE
MAIL STOP: PATENT APPLICATIONS
COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA.

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**REQUEST FOR CONSIDERATION OF
PREVIOUSLY SUBMITTED DOCUMENTS**


Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants request consideration of the document previously submitted via ePAVE on October 19, 2004. Applicants request consideration of the document cited therein and that the Examiner initial each document and return the initialed copies to Applicants.

Respectfully submitted,

Date: 6/17/05


Eden U.I. Stright
Registration No. 51,205

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Washington, DC 20036
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